PALOMAR COLLEGE
Classified Employees Professional Growth Program

NOTICE OF COMPLETION

Name _____ Department _____ Date _____

Job Title _____ Extension _____

STIPEND: Check One

☐ I wish to receive an annual stipend of $500 in pro-rated monthly payments.
☐ I wish to receive a one-time lump sum stipend of $2,000.

Employee Signature _____

Course # and Title/ Seminar/Workshop/ Committee/Service	GRADE (C or Better)	SEMESTER & YEAR	NO. UNITS (Semester or Quarter)	Professional Growth Points

Attach transcript, certificate or similar evidence, and **submit Original only** to Human Resource Services.

Due no later than **SEPTEMBER 15, FEBRUARY 15,** or **JULY 15** of the semester following completion of your program. Stipend will be retroactive to the first day of the month in which the *Notice of Completion* is submitted (September 1, February 1 or July 1).